

**CITY OF SALINA**  
**Human Resources Department**  
300 W. Ash, Room 200  
Post Office Box 736  
Salina, Kansas 67402-0736  
PHONE 785-309-5710  
FAX 785-309-5711  
TDD 785-309-5747

# Application For Temporary/Seasonal Intermittent Employment

[www.salina-ks.gov](http://www.salina-ks.gov)

Office Use Only  
No. \_\_\_\_\_



**We consider applicants for all jobs without regard to race, color, religion, sex, national origin, age, disability, or other legally protected status. Applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department. Additional information is available from the Human Resources Department.**

Job Applied For					Date of Application	
Last Name		First Name		Middle Initial	Social Security Number	
List any other names by which you are known or have been employed.						
(Permanent) Mailing Address		Number	Street	City	State	Zip Code
(Current) Mailing Address		Number	Street	City	State	Zip Code
Telephone Numbers		(Permanent)	(Current)	Email Address		

**You must fully complete this application. In addition, you may include a resumé or other related personal qualification information relevant to the job.**

Are you able to perform the essential functions of the job for which you are applying, with or without accommodation?

☐ Yes ☐ No

The essential functions of each job are contained in the job posting which is available online or at the Human Resources Department.

*This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.*

Have you ever been employed with us before?

☐ Yes ☐ No

If yes, give date \_\_\_\_\_ What department? \_\_\_\_\_

Are you age 18 or over? If no, provide date of birth \_\_\_\_\_

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Are you legally eligible to work in the United States?

☐ Yes ☐ No

*Proof of citizenship or immigration status will be required upon hire.*

On what date would you be available for work? \_\_\_\_\_

If the job requires a valid driver's license, please complete the information directly below:

Number \_\_\_\_\_ State \_\_\_\_\_ ☐ Regular ☐ CDL

List any relatives presently employed by the City of Salina, and state how you are related. \_\_\_\_\_

Are you willing to work overtime if required?

☐ Yes ☐ No

Are you willing to work different shifts if required?

☐ Yes ☐ No

Were you in the U. S. Armed Forces?

☐ Yes ☐ No

Have you been convicted of a felony in civilian or military courts within the last 7 years?

☐ Yes ☐ No

*A conviction will not necessarily be a bar to employment. Factors such as date, nature and number of offenses, age at the time of offense and rehabilitation will be considered.*

If yes, please explain \_\_\_\_\_

# Employment Experience

Start with your present or last job including any military service assignments. Fully complete the information below. Give dates and reasons, excluding disabilities, for time not accounted for in your employment history as listed. If you need additional space, please continue on a separate sheet of paper.

Employer		Dates Employed		Your Job Title and Main Duties	
Address					
City		State		Zip Code	
		Hourly Rate/Salary			
		Starting		Final	
Telephone Number		Your Supervisor			
Reason for Leaving					
Employer		Dates Employed		Your Job Title and Main Duties	
Address					
City		State		Zip Code	
		Hourly Rate/Salary			
		Starting		Final	
Telephone Number		Your Supervisor			
Reason for Leaving					

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment, military, or other experience.

List any language(s) other than English in which you are fluent.

# Parks and Recreation Applicants Only

Are you a member of the Salina Softball Umpires Association?

☐ Yes ☐ No

### Red Cross Courses

CPR

First Aid

Lifeguard Training Certification

Water Safety Instructor's Certification

### Date Received

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/ /

### Expiration Date

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Certificate(s) issued

City

State

# Education

	High School or GED				Undergraduate College/University				Graduate Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship skills, and extra curricular activities												
Describe any honors you have received												

List any professional, trade, business, or civic activities and offices held.  
*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or political affiliation, or other protected status.*

# References

List three references who are neither related to you nor a former employer.

Name	Address (City, State, Zip)	Daytime Telephone Number	Years Known

# Applicant's Statement

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize complete background investigations, including but not limited to all statements contained in this application for employment as may be necessary in arriving at an employment decision. If I am employed by the City of Salina based on this application, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

# Equal Employment Opportunity Form

The City of Salina has an equal opportunity affirmative action policy. Knowledge of your race, sex and age is necessary for monitoring the effectiveness of the program. Although you are not required to provide the information requested in this form, your cooperation is appreciated. This form is confidential and will be separated from your application immediately upon receipt.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**INSTRUCTIONS:** Place your numbered answer to each question in the space provided.

\_\_\_\_\_ A. What sex are you?      1. Male      2. Female

\_\_\_\_\_ B. Which Racial/Ethnic Group do you consider yourself a member?

1. **AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America who are enrolled members of Indian Tribes or are descendants of enrolled members (a parent or grandparent) or who are recognized as Indians by the Secretary of Interior.
2. **ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent. This area includes for example, China, Japan, Korea, the Philippines, Cambodia, Thailand and Vietnam.
3. **BLACK OR AFRICAN AMERICAN:** All persons having origins in any of the Black racial groups of Africa.
4. **HISPANIC OR LATINO:** All persons of Mexican, Puerto Rican, Cuban, Central or South American origin.
5. **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDERS:** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
6. **WHITE:** All persons having origins in any of the peoples of Europe, including Spain, North Africa, or the Middle East.
7. **TWO (2) OR MORE RACES, (Not Hispanic or Latino):** All persons having two or more origins categorized as American Indian, Asian, Black, Native Hawaiian or White.

\_\_\_\_\_ C. How did you learn about this job?

- |                                                                        |                                      |
|------------------------------------------------------------------------|--------------------------------------|
| 1. Job Notice (Posted in Human Resources Dept.)                        | 7. Job Service                       |
| 2. From a Present City Employee _____                                  | 8. Human Relations Department Notice |
| 3. As a Current City Employee _____<br><small>Name of Employee</small> | 9. Radio                             |
| 4. <i>Salina Journal</i>                                               | 10. School/University                |
| 5. Other Newspaper _____                                               | 11. Professional Publication         |
| 6. Salina Cable Ch. 20                                                 | 12. City Website                     |
|                                                                        | 13. Other Internet Site _____        |

## APPLICANT BACKGROUND QUESTIONNAIRE

If you stated on your City of Salina Application for Employment that you have been convicted of a felony within the last seven (7) years, please complete this form. A felony will not necessarily be a ban to employment. In order for your application to be considered further, the following information is needed for each felony you have been convicted of within the last seven (7) years.

<b>Date of Conviction</b>		<b>Your Age at Conviction</b>	
<b>Felony Description</b> (Please go into some detail)			
<b>Where Convicted</b> (Court Location)			
<b>Length of Your Sentence Served</b>			
<b>Are you currently on probation or parole?</b>			
<b>If yes, please provide name and phone number of your probation or parole officer.</b>			

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**Applicant's Signature**

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**Date**